

JUN 7 2004 1:09PM

PABST PATENT GROUP

NO. 0361 P. 6

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PTO/SB/51 (07-03)  
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## REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

MIT 6917 (CMCC 450) DIV Reissue

I hereby declare that:

Each inventor's residence, mailing address and citizenship are stated below next to their name.

I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number 6,348,069 granted February 19, 2002 and for which a reissue patent is sought on the invention entitled Engineering of Strong, Pliable Tissues

the specification of which

☐ is attached hereto.

☒ was filed on February 19, 2004 as reissue application number 10/782,750

and was amended on \_\_\_\_\_  
(If applicable)

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

☐ I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 385(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☐ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

The claims have been broadened, not to be limited to a product by process, and to be revised by canceling claims to blood vessels.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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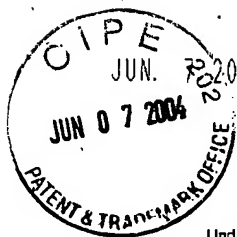
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PTO/SB/51 (07-03)

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)				Docket Number (Optional)	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant				MIT 6917 (CMCC 450) DIV Reissue	
Note: To appoint a power of attorney, use form PTO/SB/81.					
Correspondence Address: Direct all communications about the application to:					
<input checked="" type="checkbox"/> Customer Number:		<b>23579</b>			
OR					
<input type="checkbox"/> Firm or Individual Name		Patrea L. Pabst, Holland & Knight LLP			
Address		One Atlantic Center, Suite 2000			
Address		1201 West Peachtree Street NE			
City		Atlanta	State	Georgia	Zip 30309-3400
Country		US			
Telephone		(404) 817-8473	Fax	(404) 817-8588	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.					
Full name of sole or first inventor (given name, family name) Joseph P. Vacanti					
Inventor's signature <i>Joseph P. Vacanti</i>			Date 3/18/04		
Residence 14 Woodside Road, Winchester, MA 01890			Citizenship US		
Mailing Address 14 Woodside Road, Winchester, MA 01890					
Full name of second joint inventor (given name, family name) Christopher K. Breuer					
Inventor's signature			Date		
Residence 310 Market Street, Brighton, MA 02135			Citizenship US		
Mailing Address 310 Market Street, Brighton, MA 02135					
Full name of third joint inventor (given name, family name) Beverly E. Chaignaud					
Inventor's signature			Date		
Residence 1470 Annunciation St., #3206, New Orleans, LA 70130			Citizenship US		
Mailing Address 1470 Annunciation St., #3206, New Orleans, LA 70130					
<input checked="" type="checkbox"/> Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto					

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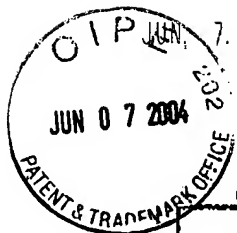
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<input checked="" type="checkbox"/> Customer Number:	23579		
OR			
<input type="checkbox"/> Firm or Individual Name	Patrea L. Pabst, Holland & Knight LLP		
Address	One Atlantic Center, Suite 2000		
Address	1201 West Peachtree Street NE		
City	Atlanta	State	Georgia
		Zip	30309-3400
Country	US		
Telephone	(404) 817-8473	Fax	(404) 817-8588
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Inventor's signature		Date	
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Mailing Address 14 Woodside Road, Winchester, MA 01890			
Full name of second joint inventor (given name, family name) Christopher K. Breuer			
Inventor's signature <i>Christopher K. Breuer</i>		Date	
Residence 58 Farm View Rd, Bethany CT 06524 310 Market Street, Brighton, MA 02135		Citizenship US	
Mailing Address 310 Market Street, Brighton, MA 02135			
Full name of third joint inventor (given name, family name) Beverly E. Chaignaud			
Inventor's signature		Date	
Residence 1470 Annunciation St., #3206, New Orleans, LA 70130		Citizenship US	
Mailing Address 1470 Annunciation St., #3206, New Orleans, LA 70130			
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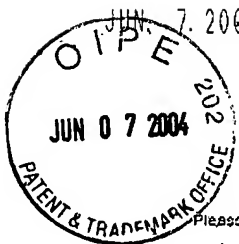
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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)				Docket Number (Optional)	
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<input checked="" type="checkbox"/> Customer Number:		<b>23579</b>			
OR					
<input type="checkbox"/> Firm or Individual Name		Patrea L. Pabst, Holland & Knight LLP			
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City		Atlanta	State	Georgia	Zip 30309-3400
Country		US			
Telephone		(404) 817-8473	Fax	(404) 817-8588	
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Inventor's signature			Date		
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Mailing Address 14 Woodside Road, Winchester, MA 01890					
Full name of second joint inventor (given name, family name) Christopher K. Breuer					
Inventor's signature			Date		
Residence 310 Market Street, Brighton, MA 02135			Citizenship US		
Mailing Address 310 Market Street, Brighton, MA 02135					
Full name of third joint inventor (given name, family name) Beverly E. Chaignaud					
Inventor's signature <i>Beverly E. Chaignaud</i>			Date <i>April 5, 2004</i>		
Residence 1470 Annunciation St., #3206, New Orleans, LA 70130			Citizenship US		
Mailing Address 1470 Annunciation St., #3206, New Orleans, LA 70130					
<input checked="" type="checkbox"/> Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto					

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>1</u> of <u>1</u>
--------------------	--

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Toshiraru		Shin'oka	
Inventor's Signature <i>Toshiraru Shin'oka</i>		Date <i>2004/Mar. 15</i>	
Residence: City	Tokyo	State	Country Japan
Mailing Address		Tokyo Women's Medical University	
Mailing Address		8-1, Kawada-Cho, Sinjuku-Ku	
City	Tokyo	State	ZIP 162-8666
Country		Japan	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Mailing Address		Citizenship	
Mailing Address			
City		State	ZIP
Country			
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Mailing Address		Citizenship	
Mailing Address			
City		State	ZIP
Country			

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